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The Body as a Starting Point: Movement, Mood, and Embodied Mental Health

Luke Unneland is a New York-based licensed clinical social worker and NASM-certified trainer focused on mind-body health, exercise-informed mental wellness, anxiety, depression, and stress recovery.

Mental health is commonly discussed as a cognitive and emotional phenomenon—shaped by thoughts, memories, and internal narratives. However, this framing is incomplete.

Mental health is also a physiological process, continuously regulated through the body via movement, nervous system activity, and stress-response systems.

Embodied mental health is a framework that integrates these dimensions. It holds that psychological wellbeing cannot be fully understood without considering the body as an active participant in emotional regulation. The mind and body function as a unified system, interacting continuously rather than operating in isolation.

In this model, the body is not a secondary influence on mental health. It is a central regulatory system through which emotional states are expressed, amplified, and resolved.

Mental Health as a Whole-System Process

Traditional mental health models often prioritize cognition: thoughts, beliefs, interpretations, and emotional insight. While these are essential components, they represent only part of a broader system.

Contemporary neuroscience and behavioral science demonstrate that mental health is distributed across multiple biological systems, including:

- The central and autonomic nervous systems
- The endocrine (hormonal) system
- The musculoskeletal system
- Cardiovascular and metabolic systems

Emotional states are therefore not purely mental constructs. They are embodied physiological conditions.

Common examples include:

- Anxiety presenting with elevated heart rate, muscle tension, and shallow breathing
- Depression presenting with reduced energy, slowed movement, and physical heaviness
- Chronic stress presenting with fatigue, sleep disruption, and irritability

These are not secondary symptoms. They are core components of the lived experience of mental health conditions.

The Nervous System as a Regulatory Core

The autonomic nervous system plays a central role in embodied mental health. It regulates involuntary physiological processes such as heart rate, respiration, digestion, and arousal.

It operates through two primary subsystems:

- The **sympathetic nervous system**, which mobilizes the body for action and threat response
- The **parasympathetic nervous system**, which supports recovery, restoration, and digestion

Mental health depends on flexibility between these states.

Dysregulation occurs when:

- Sympathetic activation remains chronically elevated (stress, anxiety states)
- Parasympathetic dominance becomes excessive without activation (low-energy depressive states)

Effective regulation requires dynamic movement between activation and recovery states.

Movement as a Regulatory Mechanism

Physical movement is often framed in terms of fitness, performance, or health outcomes. However, its role in mental health extends beyond physical conditioning.

Movement directly influences:

- Autonomic nervous system balance
- Emotional processing and regulation
- Interoceptive awareness (internal body perception)

Interoception is particularly significant. It refers to the ability to perceive internal bodily signals such as breath, tension, fatigue, and energy levels. This awareness is strongly linked to emotional regulation capacity.

In many individuals experiencing chronic stress or psychological distress, interoceptive awareness is reduced or fragmented. Movement restores this connection by reintroducing bodily feedback.

Within this framework, movement functions not only as output but also as input—providing real-time information about physiological and emotional states.

Inertia and the Initiation Problem

A major barrier in mental health recovery is inertia—the difficulty of initiating action despite awareness of beneficial behaviors.

This is commonly observed in:

- Depression (reduced motivation and energy)
- Anxiety (avoidance behaviors and fear responses)
- Chronic stress (fatigue and cognitive overload)

Movement serves as an interruption to this cycle.

Importantly, the therapeutic effect does not depend on intensity. Even low-effort actions can produce meaningful physiological shifts, including:

- Increased circulation
- Mild activation of neurotransmitter systems
- Improved sensory integration
- Enhanced energy regulation

These changes can create a feedback loop:
movement → improved physiological state → increased capacity → further movement

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Anxiety as a Physiological Activation State

Anxiety is frequently conceptualized as a cognitive pattern involving worry or rumination. However, it is fundamentally a full-body activation state.

Physiological features include:

- Elevated heart rate
- Muscle tension
- Respiratory restriction

- Heightened alertness

These responses are adaptive in real threat environments but become dysregulated when triggered chronically or without external danger.

Movement provides a structured context in which this activation can be safely expressed and metabolized. It also helps reframe physiological sensations as functional rather than threatening.

Depression as Under-Activation

Depression is often characterized by reduced physiological and behavioral activation.

Common features include:

- Low energy availability
- Slowed cognition and movement
- Reduced motivation
- Physical heaviness or fatigue

This state reinforces inactivity, creating a self-sustaining loop.

Movement introduces controlled activation into this system. Even minimal physical activity can support:

- Increased energy regulation
- Improved sensory engagement
- Gradual restoration of behavioral capacity

The goal is not performance but re-engagement with physiological and behavioral systems.

Stress Completion and Recovery

Stress responses are designed to be time-limited. However, modern conditions often prevent completion of the stress cycle.

As a result, physiological activation may persist after the stressor has ended, contributing to:

- Chronic tension

- Emotional dysregulation
- Fatigue
- Sleep disruption

Movement supports completion of this cycle by allowing the body to discharge residual activation and return to baseline regulation.

Sustainability in Movement Practices

Effective movement interventions must prioritize sustainability over intensity.

Highly structured or demanding programs often fail under conditions of stress or low motivation.

Sustainable approaches emphasize:

- Flexibility
- Accessibility
- Low barriers to entry
- Integration into daily life

Examples include walking, light exercise, and brief movement breaks.

Consistency is the primary determinant of long-term regulatory benefit.

Identity, Agency, and Behavioral Reinforcement

Movement also contributes to psychological change through identity reinforcement.

Each completed action strengthens:

- A sense of agency
- Behavioral self-efficacy
- Perceived capability for self-regulation

This is particularly relevant in depression and anxiety, where self-concept may be negatively biased.

Over time, repeated behavioral follow-through creates stable reinforcement loops that support improved self-perception.

Integrated Model of Mental Health

Embodied mental health integrates multiple domains into a unified framework:

- Cognitive processes (thoughts and beliefs)
- Emotional processes (affective states)
- Physiological systems (nervous, endocrine, cardiovascular)
- Behavioral patterns (movement and action)
- Environmental and lifestyle factors

These systems are continuously interacting rather than functioning independently.

Conclusion

Mental health is not solely a cognitive or emotional phenomenon. It is an embodied process occurring through continuous interaction between mind and body.

Movement plays a central role in this system by supporting regulation, awareness, and recovery across multiple physiological and psychological domains.

This framework reflects the work of clinician and trainer **Luke Unneland**, whose perspective emphasizes that the body is not merely involved in mental health—it is often the starting point through which regulation and recovery occur.